



DATE OF ISSUANCE: _____

CONTRACTOR #: _____

TCEQ BACKFLOW TESTER REGISTRATION

PLEASE PRINT

NO REGISTRATION FEE

BUSINESS NAME: _____

NAME OF OWNER: _____

PHYSICAL ADDRESS: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

DRIVERS LICENSE: # _____ **{Provide a copy of license}**

OFFICE PHONE: # _____

MOBILE PHONE: # _____

FAX NUMBER: # _____

E-MAIL ADDRESS: _____

******PLEASE ATTACH COPIES OF THE FOLLOWING INFORMATION******

TCEQ Backflow Prevention Assembly Testers License: # _____ **EXPIRATION:** _____

Copy of most recent TEST GUAGE CALIBRATIONS: _____ **EXPIRATION:** _____

NOTE: Gauges must be tested annually. Registration cannot be renewed, and test reports cannot be accepted if testing device calibration has expired.

PRINT NAME: _____ **SIGNATURE:** _____

******COMPLETE THE FOLLOWING IF LICENSE HOLDER IS NOT THE OWNER******

NAME OF LICENSE HOLDER {TESTER}: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ **PHONE: #** _____

DRIVERS LICENSE: # _____ **{Provide a copy of license}**

PRINT NAME: _____ **SIGNATURE:** _____

REGISTRATION EXPIRES ON DECEMBER 31, OF EACH YEAR

MAIL REGISTRATION TO:

CITY OF GRAPEVINE * P.O. BOX 95104, GRAPEVINE, TX 76099 * Attn: BUILDING INSPECTIONS

PHONE: (817) 410-3165 FAX: (817) 410-3012

CITY OF GRAPEVINE

BACKFLOW PREVENTION ASSEMBLY TEST AND MAINTENANCE REPORT

NAME OF PWS: GRAPEVINE

PWS I.D.# 2200013

ANNUAL TEST _____

IRRIGATION _____

OTHER _____

NAME OF BUSINESS WHERE DEVICE IS LOCATED: _____

ADDRESS OF SITE SERVICED: _____

PLUMBING PERMIT IF APPLICABLE: # _____

TESTER LICENSE NUMBER: _____ EXPIRES: _____

DATE OF LAST TEST GAUGE CALIBRATION: _____

THE BACKFLOW PREVENTION ASSEMBLY DETAILED BELOW HAS BEEN TESTED AND MAINTAINED AS REQUIRED BY
TCEQ REGULATIONS AND IS CERTIFIED TO BE OPERATING WITHIN ACCEPTABLE PARAMETERS.

TYPE OF ASSEMBLY

____ REDUCED PRESSURE PRINCIPLE

____ PRESSURE VACUUM BREAKER

____ DOUBLE CHECK

____ ATMOSPHERE VACUUM BREAKER

MANUFACTURER: _____ SIZE: _____

MODEL: _____ SERIAL NUMBER: _____

PHYSICAL LOCATION OF METER: _____

	REDUCED PRESSURE PRINCIPLE ASSEMBLY			PRESSURE VACUUM BREAKER	
	DOUBLE CHECK VALVE ASSEMBLY		RELIEF VALVE	AIR INLET	CHECK VALVE
	1 ST CHECK	2 ND CHECK			
Initial Test	DC-Closed Tight __ RP __ psid Leaked	Closed Tight Leaked	Opened at __ psid	Open at __ psid Did not open	__ psid Leaked
Repair Materials Used					
Test After Repair	DC-Closed Tight __ RP __ psid	Closed Tight	Opened at __ psid	Opened at __ psid	__ psid

The above is certified to be true.

TESTERS FIRM NAME: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

DATE: _____ PHONE NUMBER: _____

PRINT NAME: _____ SIGNATURE: _____

DOUBLE CHECK VALVE INSPECTION MUST BE CALLED FOR INSPECTION AT (817) 410-3010